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| IAN C. McLEO 2190 COMMON OKEMOS, MI 4 | IS PARKWAY | /2008 FEB | 1 2009 E | Ce hereby certify that t tates Postal Service Idressed to the Ma ansmitted to the USI | rtificate his Fee(s with suff il Stop l PTO (57) | of Mailing or Transm) Transmittal is being ficient postage for first ISSUE FEE address a 1) 273-2885, on the da | nission deposited with the United class mail in an envelope above, or being facsimile te indicated below. | |
|)2/18/2009 WABDELR3 | 00000022 09670096 | 1 | | Kelley L. Hołcomb | | comb | (Depositor's name) | |
|)1 FC:2501 | 755. | 00 OP | & THAUE MART | Keller J. | Hole | om/ | (Signature) | |
| | | | | February | L3, | 2009 | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENT |)R | ATTO | RNEY DOCKET NO. | CONFIRMATION NO. | |
| 09/670,096 | 09/26/2000 | | Linda S. Mansfield | | 1 | MSU 4.1-526 | 7494 | |
| FITLE OF INVENTION | : VACCINE TO CONTI | ROL EQUINE PROTOZO | OAL MYELOENCEPH | ALITIS IN HORSE | S | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DU | E PREV. PAID ISSU | JE FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | YES | \$755 | \$0 | \$0 | | \$755 | 03/11/2009 | |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | | | | | |
| BASKAR, PA | DMAVATHI | 1645 | 424-265100 | | | | | |
| CFR 1.363). Change of corresp Address form PTO/SI | ondence address or indicatio ondence address (or Cha 3/122) attached. ication (or "Fee Address or more recent) attach | ange of Correspondence | 2. For printing on th (1) the names of up or agents OR, altern (2) the name of a si registered attorney 2 registered patent a listed, no name will | to 3 registered pate atively, ngle firm (having as or agent) and the na ttorneys or agents. I | a members | er a 2 p to | McLeod | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DATA | A TO BE PRINTED ON | THE PATENT (print or | type) | | | | |
| PLEASE NOTE: Unl recordation as set fort | less an assignee is ident h in 37 CFR 3.11. Comp | ified below, no assignee pletion of this form is NO | data will appear on the T a substitute for filing | e patent. If an assig an assignment. | | | cument has been filed for | |
| (A) NAME OF ASSIG | GNEE | | (B) RESIDENCE: (CI | TY and STATE OR | COUNT | KY) | | |
| Board Of T Michigan S Please check the appropr | Frustees of State Universite assignee category or | rsity rcategories (will not be p | East Lans | ing, Mich □Individual 🖾 (| igan Corporati | on or other private gro | up entity 🗖 Government | |
| 4a. The following fee(s) | are submitted: | 4 | b. Payment of Fee(s): (F A check is enclose Payment by credit | lease first reapply d. d. card. Form PTO-201 | any prev | viously paid issue fee s | • | |
| 5. Change in Entity Sta | | | Dh Amiliantia | longer claiming CM | ALL EN' | TITY status. See 37 CF | R 1 27(o)(2) | |
| □ a. Applicant claim NOTE: The lague Recom | s SMALL ENTITY state | us. See 37 CFR 1.27. | | | | | e assignee or other party in | |
| interest as shown by the | records of the United Sta | ates Patent and Trademark | COffice. | | | , | | |

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Date February 13, 2009

Registration No. 20,931

Typed or printed name Ian C. McLeod

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| Kelley L. Hołcomb | (Depositor's name) |
|-------------------|--------------------|
| Keller J. Holcom | (Signature) |
| February 13, 2009 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/670,096 | 09/26/2000 | Linda S. Mansfield | MSU 4.1-526 | 7494 |

TITLE OF INVENTION: VACCINE TO CONTROL EQUINE PROTOZOAL MYELOENCEPHALITIS IN HORSES

| | | | | | | • | |
|---|---|--|--|--|------------------|------------|--|
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | YES | \$755 | \$0 | \$0 | \$755 | 03/11/2009 | |
| EXAMINER ART UNIT | | ART UNIT | CLASS-SUBCLASS | | | | |
| BASKAR, PADMAVATHI 1645 | | | 424-265100 | | | | |
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| a. Applicant clain | atus (from status indicate ns SMALL ENTITY state and Publication Fee (if req records of the United Sta | is. See 37 CFR 1.27. | b. Applicant is no long d from anyone other than the Office. | ger claiming SMALL ENT the applicant; a registered a | | | |
| Authorized Signature | | fil | | | y 13, 2009 | | |

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